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Castration of Male and Female Pigs.

By Capt. W. WALLACE KERR, M.R.C.V.S.

INTRODUCTION.

The castration of pigs has been principally left, in a general sense, to the "castrator," who, in most instances, has practised the art taught him by his forbears. The writer has known castrators who have carried on the practice of their ancestors established many generations. One great reason why this operation on the whole has been carried out by the "quack" is that, as a profession, we have looked upon it as the "dirty work"; another is the price charged by the castrator, namely, twopence or threepence per pig. The writer has performed this operation for twenty years, and has made it part and parcel of his ordinary practice. There are many reasons why the operation should be taken up by all veterinary practitioners in country practices in these days of the intrusion of motors in and around their districts, and even on the land, and the consequent loss of horse practice. Again, it is an operation which should be done by the qualified man and not left to the castrator, who more often thinks that the veterinary surgeon cannot do it than that he will not. Again, at sixpence per pig (the price charged by the writer), it brings more grist to the mill, as, when one becomes expert, as many as fifty pigs can be operated on in an hour.

The last, but not the least, reason why the veterinary surgeon should be capable of castrating both the male and female pig, is that pigs are, as stock, more in evidence than ever before in all farms. Pedigree herds of all breeds are nowadays being run on the most modern and intensive lines—500, 700, or 1,000 head on one farm is quite a common occurrence. It is obvious, if a practitioner has a client who possesses a thousand pedigree pigs on his premises, that not only the ordinary routine medical branch, but the surgical should be part of his practice. As a rule, in practice, one finds it is the "castrator" who operates on the pigs, and in many instances the same castrator castrates the calves and colts. A veterinary surgeon who can and will operate on pigs will find he obtains not a few clients by doing so. The operation in some counties and districts is general, and in others it is not practised.

BENEFITS OF THE OPERATION.

(a) In the male, the removal of sexual desire and economy in fattening.

(b) In the female, as in the male, but the operation does away with the œstral periods and the loss of condition during these periods when in the fattening stages.

(c) The flavour of the pork is better and the curing of the bacon is more standardised.

The Age.—The operation in the male can be safely performed at any age, but is best done at between 8-12 weeks, according to size and strength of pig.

In the female, it is best done between 8-12 weeks; it can be done in older sows, but there are more risks.

Preparation.—The pigs should be kept without food (not water) for twenty-four hours prior to operation.

OPERATION IN THE MALE.

The pig should be held by the hind legs below the hocks, the body kept firmly against the body of the assistant, and securely held between the thighs.

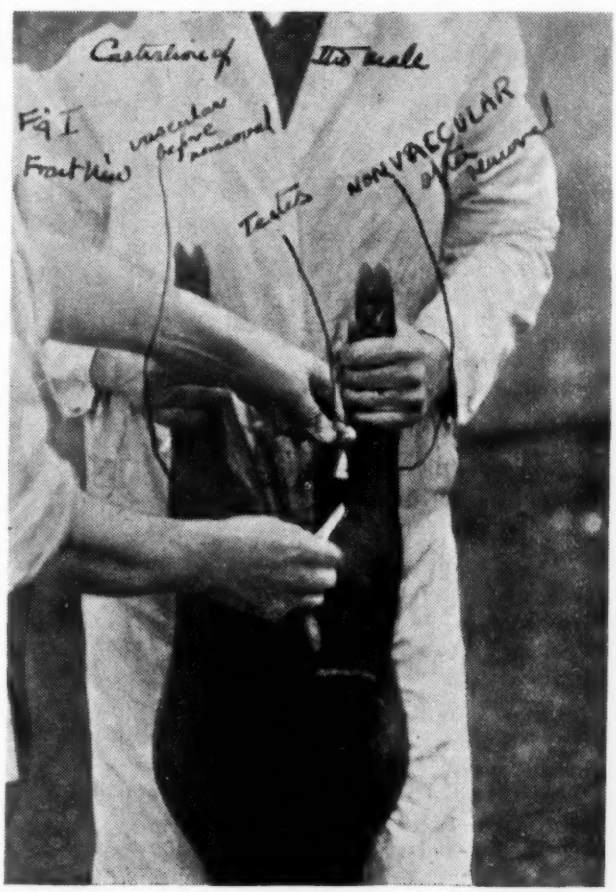


Figure 1.

The left testicle should be removed first by a bold incision, holding the testicle firmly against scrotal skin. Next pull out testicle, at the same time passing the forefinger of the left hand between the vascular and non-vascular part of the cord. The non-vascular part should be cut as close to the body as possible, but cutting away from the body of the operator; next turn the knife over and cut the vascular portion as far up the cord as possible, pulling the cord at the same time. The right testicle is removed in the same manner. No dressing is required; the pig can now be allowed to run.

Figure 2.

Operation in Old Boars.

A snare and noose of strong rope should be secured round the upper jaw and behind the tusks, the animal fastened to the bottom of a strong post and the rope made fast. A line should next be tied securely round the left leg above the hock, and the leg pulled up to a beam; when secured, another line is applied in the same way to the right leg and pulled up to the beam: sufficient traction should be applied to bring the boar on his back, with the hind quarters slightly off the ground. The writer uses eudrenine (P. D. & Co.) as a local anæsthetic, injected above the scrotal sac. The right testicle is removed—hold it firmly in the left hand, make a *long* and *deep* incision according to the size of the testicle, which should now be forced through the wound; still holding the testicle firmly in left hand, sever the non-vascular portion; pull the testicle to bring out the vascular portion as far as possible, and cut this high up the cord by scraping. Torsion of the vascular portion can be done prior to scraping. The left testicle is removed in the same way. There is usually considerable hæmorrhage, but this is of little consequence.

Precautions.—It is wise to see that the wounds are large, to allow of good drainage, and an oily dressing should be poured into the scrotal sac. The dressing is composed of ac. carbol. turps and rape oil, as follows:—Ac. carbol. pur. ℥i., spt. terebinth. ℥iv., and ol. rapii Oi.

Figure 3.

Castration with Single Scrotal Hernia.

Hernia is very common in young pigs, and the operation is done by first removing the testicle where no bowel is present in the scrotum, then bringing the other testicle in the sac where the bowel is present, up to the original incision. The testicle is then removed by cutting into the septum through the same incision, and removing this testicle. The operation is finished by suturing up the incision by a continuous suture.

Remarks.—The writer has no difficulty in obtaining the fee of one guinea for operation on old boars and, as a business proposition on the part of the owner, it is worth it, as a castrated boar, when fat, will fetch more money and can be sold by weight, whereas if sold as a boar he fetches next to nothing in the market.

Figure 4.

CASTRATION OF THE FEMALE.

This operation at first sight appears to be a terrible business, not only because it necessitates real abdominal surgery, but from the method adopted in controlling the animal. The writer has known of the unpractical using an operating table and having the help of several assistants, whereas the series of photographs accompanying this article will best illustrate the method adopted from early times. It will be found a backaching business to commence with, but with practice it becomes quite natural to the operator.

Figure 5.

Figure 5 shows the first move in process; the operator holding the left foreleg in his left hand, and the assistant both hind legs, the pig is lowered on to the left foot of the operator on its right side, the operator's right foot being firmly placed on the pig's neck. The assistant, at the same time, kneels on his right knee and holds the hind legs at full length, one in each hand, below the hock, right leg in right hand, left leg in left hand.

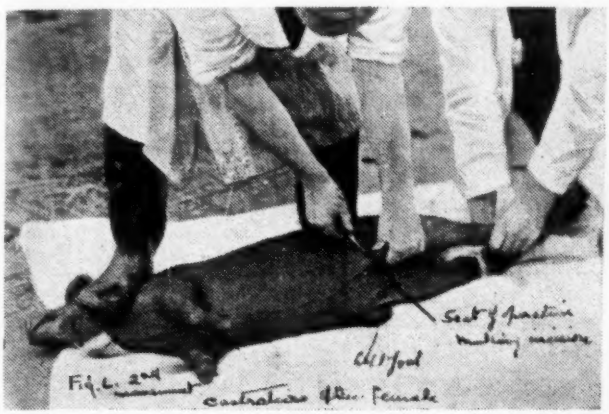


Figure 6.

At this stage the operator has the needle and suturing thread between his teeth or inserted in the left breast of his operating coat ready for use; the castrating knife should be held open ready for use in the right hand. The left hand now grips the flap of skin just in front of the stifle, using the thumb as a guide for the incision. The incision is made in the flank (as in photo) wide enough to admit the first fingers of the right hand—usually one inch is sufficient. The whole blade of the knife is next *plunged* into abdomen (see Figure 7).

Figure 7.

Remove the knife and by manipulation place in the palm of the hand. Simultaneously insert first finger of the right hand into the small incision or aperture, which will now be felt in the peritoneal sac, but, if the incision cannot be felt, push the point of finger through the peritoneum, or web. Turn the finger towards the lower surface of the left

flank, and the uterus or ovary can be easily distinguished, the former as firm and cord-like, and the latter as a hardish knot varying, according to age, from a small pea to a large bean—up to twelve weeks old (see Figure 8).

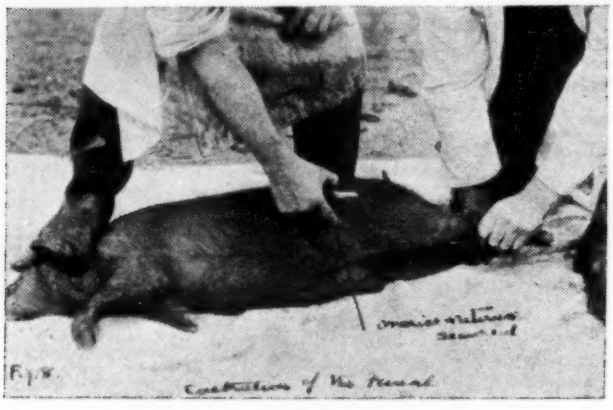


Figure 8.

It will be of interest here to note that the reproductive organs vary considerably in size. The volume in sows of the same age and size, and on the other hand the smallest or (cad) of a litter may have reproductive organs four times the size of the largest pig of the same litter.

By *gentle* manipulation the uterine horn or ovary or ovarian ligament can be brought up to the mouth of the wound when, on its appearance, after differentiating from bowel, it should be firmly grasped between the thumb and forefinger of the left hand. The removal of this uterine organ should be effected easily by the simultaneous manipulation of the fingers of both hands. The left cornu comes out first, then the right cornu can be distinguished where it joins up with the left on its passage to the vagina. The right horn should be manipulated for removal as with the left, until the right ovary is outside the

Figure. 9.

wound. The whole uterus and both ovaries are now extra abdominal. These are firmly gathered into the left hand, pulled over the edge of the knife, and sharply cut off.

Figure 10.

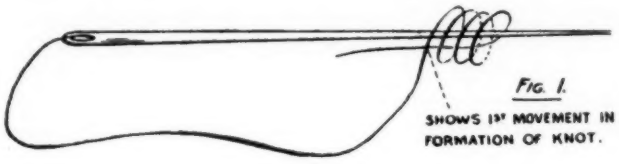
During all this period, the forefinger of the right hand has been in the abdominal cavity, performing a dual function—firstly, helping out the genital organs; secondly, keeping back the intestines and preventing protrusion externally through the wound. Before removing the right index finger, the assistant pushes forward and upwards the left leg and holds firmly (see Figure 11).

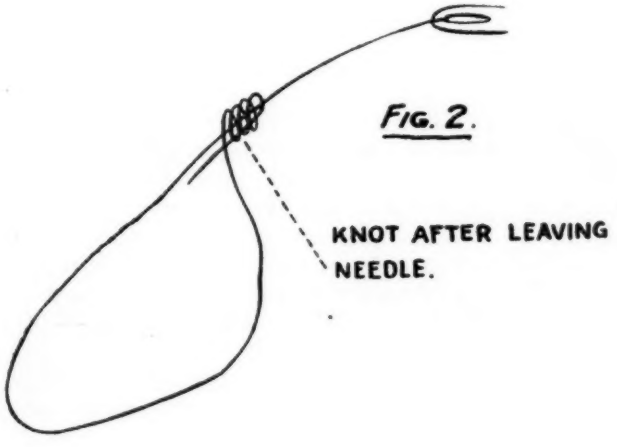
Figure 11.

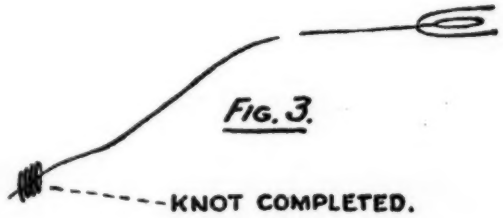
The finger is now withdrawn, and the tissues of the loose flank at the seat of operation are now firmly

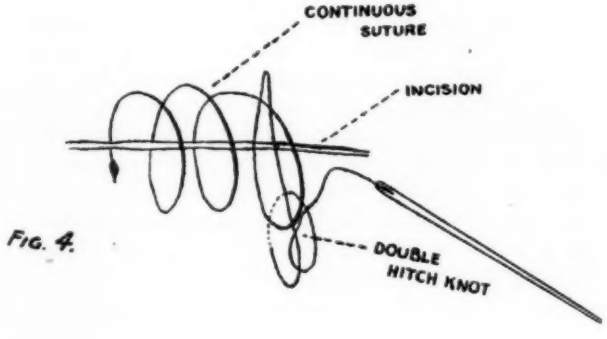
Figure 12.

held between the thumb and forefinger of the left hand of the operator. This manœuvre of forcing the left leg forward and upwards serves a very important purpose; it keeps back the intestines from the incision, counteracts strain on the seat of operation, and prevents the intestines being caught in the wound sutures, in which event a casualty will follow. It also allows the skin to be easily picked up for suturing. The operator now takes the needle and suturing thread from his mouth, and in its place takes the knife between his teeth. This allows freedom of the right hand for suturing (but after much practice the knife can be retained in the hand). He now proceeds to stitch up the incision by a continuous suture, usually of two stitches of double thread (see photo and sketch).









The ending of the suture is done by a special finish in the form of the double hitch knot (see sketch), and the thread cut at about half an inch from the end of suture knot (see Figure 13).

Figure 13.

The operation is completed by gently pressing the opposing sides of the incision with the forefinger of the right hand; this will bring both sides of the wound together, which accelerates healing. The patient is now allowed to get up of its own accord, or, if it is to be placed in a separate compartment, it is important to lift it by the assistant grasping the left foreleg with his right hand, and the right hind-leg with his left. This prevents straining on the seat of operation. The wound requires no dressing and the sutures work out on their own account.

The writer makes it a practice, where possible, to have all pigs which have to be operated upon placed in one compartment, and it is usual to do all boar pigs first, and finish up with the sows. This will expedite matters and save a lot of time and much labour. Where possible it is wise to have two assistants, one for catching the pigs and the other for holding them.

Warning.—Never castrate a female pig which has a ventral or lateral hernia.

Diet after Operation.—There is no special feeding required for the male pigs, but it is wise to feed them all on light food for a few days after the operation—such as middlings made thin—and to have good exercising space. Heavy feeding causes constipation and other abdominal disturbances in the female.

Bedding.—Cleanliness is of importance where the best results are expected, even though some people think a pig prefers filth; a plentiful supply of clean straw makes all the difference.

Sequelæ.—Where large numbers of pigs have been operated upon at one farm, one may expect to find here and there a female showing, at the seat of operation, local swelling, which usually disappears, and is of little importance. There may be lameness or stiffness for a few days after the operation; this again will disappear. Fatal results, as already mentioned, may ensue from suturing bowel or viscera to the skin, or from hernia (abdominal)

or a "gut-tie." The operator, after experience, will find that he will have no need to fear bad sequelæ, but can look forward with confidence to 100 per cent. success. Bad sequelæ in the male are rare, though the scrotal wounds may become infected by the filth of the sties (hence cleanliness is of importance) or, in rare cases, where scrotal hernia has been overlooked, the bowels may come out; this, of course, is fatal. There should never be scirrhous cord as a sequel, because all the vascular and non-vascular portions of the cord have been removed.

Observations.

The writer recommends the complete removal of the whole uterus and both ovaries, as it prevents any return of the œstral phenomena and other false œstral phases where only part of the sexual organs are removed. Some surgeons remove both ovaries only, others one ovary and one cornu; this the writer considers bad practice. It is also noted that where complete removal is performed, the pig does much better, and there is less danger of bad after-results. The needle used is bayonet pointed and about two inches long. It must be very sharp, and of fine finish. A double thread is used, with a large knot on the end, made as in sketch.

The continuous suture and finishing of the same is as in sketch. No. 18 carpet thread is recommended; too fine suturing thread tends to cut its way through the wound before intention has taken place. Some operators use only one stitch, but the writer recommends the continuous suture from large knot with two stitches. Where, from some cause or other, a large incision has been made during the operation, a continuous suture of three or more stitches may be necessary. It is well to remember that the smaller the operative incision the better.

In conclusion, it has no doubt been noted that antiseptics and disinfectants have been conspicuous by their absence—with the exception of the oily dressing used in the operation on old boars, these have not been used or even suggested.

Dealing with the "female" in particular, there has been a real live abdominal operation, involving nothing less than complete removal of the primary sexual or reproductive organs: technically speaking, laparatomy, hysterectomy, and oophorectomy, have been performed; here, *en passant*, the writer refers the reader to Fleming's *Veterinary Surgery*, pages 512-514. The operations as described in these pages are absolutely impracticable and superfluous. Disinfection of the styes, yards, etc., have not been done, the operating knife, needle, suturing thread have not been sterilised, the operator's hands have not been antiseptically treated, no antiseptic precautions have been advocated whatsoever. The seat of operation has not been treated before, during, or after the operation, with respect. As to antiseptics, an aseptic operation appears to have been overlooked. The writer would be more than interested to have the views of the "antiseptic advocate" on the question,

(Continued at foot of next column)

Retention of Fœtal Membranes in the Cow.*

By F. C. Scott, M.R.C.V.S., Pontefract.

I have chosen this subject because it is one commonly met, and yet one which gives a good deal of scope for enquiry as to cause and treatment. I also believe that more light on this subject will be helpful in bringing about a clearer understanding of several associated conditions.

As our present knowledge stands, there is bound to be a wide diversity of opinion, and we are sure to find many pitfalls, consequently it is with much temerity that I bring it forward, encouraged by the hope of learning a lot from the discussion.

May I first recapitulate what happens in a healthy cow when the umbilical cord is severed. The circulation which has been going on between the fœtus and its placenta abruptly ceases, the blood contained in the fœtal cotyledons escapes from the broken cord, and in doing so the capillaries shrink in volume and, losing their intimate association with the maternal ones, readily leave them. The membrane's own weight brings about expulsion.

I think it is generally accepted now that many diseased conditions of mother and offspring before and after birth are due to infection contracted during or earlier than pregnancy. Retained fœtal membranes, with few exceptions, such as mechanical obstruction, is one of these; it is a disease due to infection of the areas of association of the maternal and fœtal cotyledons—the chorion—with consequent inflammation extending into both. Such inflammatory processes going on in two intimately interposed tissues, of necessity cause imprisonment of one within the other. Herein lies the cause of retained fœtal membranes.

(Continued from previous column.)

viz.: "How is the female pig immune in such a high degree to extraneous bacterial infection and contamination in the abdominal cavity? and what is the secret of her resistance?" The pig generally is treated like one, and in most instances lives in filthy surroundings. Before and after being spayed it can be covered in the said filth, yet survive and not even show the clinical effects of septic poisoning. The ordinary unqualified castrator never uses antiseptics—the word may be foreign to him. The same operation done in the same way in, say, the bitch or female cat would be accompanied by harassing sequelæ and fatal results. The writer has performed this operation in the bitch and cat both in the ventral and lateral positions, using all the usual antiseptic measures before, during and after the operation; a general anæsthetic has been thrown in, not to mention the operating table, appliances, assistants, and the other etceteras, and yet cannot claim the 100 per cent. success.

An idea.—Can the peritoneal fluid in the pig be a prophylactic against septic poisoning? and could this fluid itself be used in other animals where abdominal surgery is practised?

*Read to the Yorkshire Division, at Leeds, on Friday, Nov. 7th, 1924.

Whilst bacterial multiplication occurs in those areas of association, with spreading into the maternal and fœtal cotyledons, I do not believe there is any rule as to the relative degree of spread and inflammatory changes produced one way or the other. In examining retained afterbirths and the retaining uterus, one sometimes finds slender fœtal cotyledons covering enormous maternal ones; in this case the infection has been more severe on the uterus; in fact, we know this to be so, as intuitively we know this to be the type of case for careful handling. At other times we find large fœtal cotyledons separating from comparatively normal maternal ones (this does not refer to necrosis of the maternal cotyledons). The fact of meeting these two varieties would seem to indicate a variable resistance to infection of the two circulations.

At present we know little of the starting point or course of the condition, but Williams presents an acceptable lead when he says:—

"Its intensity and degree of development during pregnancy largely determines the intensity and duration of the retention of membranes after calving or abortion; the longer the placentitis has existed during pregnancy, the shorter its course after calving or abortion." He also associates the degree of sepsis in the new-born calf, in some measure, with the duration of this placentitis during pregnancy, and the probable duration, with attendant retention afterwards, thus—roughly—that the nearer the approach to a healthy state in the calf the longer the retention is likely to be and *vice versa*.

Except in cases where the infection is left over from an earlier trouble, the infection commences from the cervical end and extends forward, usually slowly. With a mild recent infection, one would find, after calving, only a few cotyledons involved near the os; after releasing these, the remainder of the membranes are only lodging in the uterus, and the whole can be drawn away. In a more severe case, of longer duration, cotyledon after cotyledon has become involved until, in some cases, every cotyledon is imprisoned, increasingly so into the cornua, in accordance with their progressively later infection. As the course of the disease progresses, the inflammatory processes attain their object, *viz.*: resolution; the cotyledons detach themselves progressively from the cervix forward, and, given time and no reasons for manual removal, such as a closing *os uteri*, secondary infection dangers or sanitary reasons, the retention of the membranes would be naturally overcome. The above reasons for removal are those which are of interest to the veterinarian, as it is often essential for him to anticipate nature's expulsion.

In reviewing experiences and comparing them with records, one can hold tentatively a few conclusions so far as contagious abortion retention cases are concerned. I will mention a few.

1. Very rarely is an afterbirth retained in an early aborter.

2. If a cow aborts a dead calf, there is generally no retention, as its death is due to asphyxia through separation of a large number of cotyledons brought about by the action of Bang's bacillus.

3. The nearer full term is approached, the attendant afterbirth, if retained, generally shews the less tendency to easy expulsion.

Retained Membranes (in Cows) not due to Contagious Abortion.

These constitute most of our cases. I look on all of them as an endometritis, whose course has partly run during pregnancy, and has yet to be completed *post partum*.

It would take too long to describe every variety of retention one has met, but a cursory survey of some of them may crystallise the main points. Treatment, of necessity, cannot be dogmatised upon, but each case must be treated on its merits.

The simplest cases, where only a few cotyledons are involved and removal is easy, or where the fœtal cotyledons are comparatively large and cover small maternal ones, call for little comment as the debris is all expelled by the involuting womb before the os closes.

Although not strictly coming under the heading of fœtal membranes, a condition worthy of note occurs, and that is simple retention, in an atonic womb, of fluids, generally accompanied by sapræmia: it is a dangerous condition if not given the necessary attention.

Cases occur where a cow goes off her food and milk and has accelerated respiration a few days after calving; examination *per vaginam* presents an os almost closed, exuding a clear mucus. Is this clear mucus exudation a proof of her having cleansed, or is it only proof of a healthy cervix? I have occasionally been able to syphon out a pint or more of stinking grumous fluid of a dirty claret colour from such cases, with rapid return to health.

Cases with necrosis of the maternal cotyledons, with a variable quantity of fluid present and with womb atony, need careful attention. It is a matter of degree in these cases as to whether recovery will occur. If only a few cotyledons have become necrotic, there is a reasonable prospect of success; if most or all have become so, especially if the endometrium is also necrotic, a fatal termination is probable. A significant point in my experience of these cases is, that if they maintain a high temperature for a few days (calculating from the third or fourth day after calving) these are the cases which pull through. If the temperature falls rapidly to normal or subnormal, accompanying other signs of severe illness, such a case is not a hopeful one. The removal of the membranes is very, very easy, on account of the necrotic cotyledons leaving their stalks and coming away also. No useful purpose is served by leaving necrotic cotyledons so loosely attached to their stalks. On account of the womb atony the fluids will not be expelled without assistance.

I believe it is a common experience that fluids retained are more dangerous than the membranes. On account of the womb being bloated in some of these

cases, none of the membranes are in the vagina and the os is closing. This is a difficulty and generally means patience and time spent in dilating the os sufficiently. The trouble does not end here, as after removal of debris, etc., the womb is still atonic and the os again closes, and sequelæ are left. The same may happen after deliberate persistence in removal of a firmly retained afterbirth; the cause of the endometritis underlying the retention will not be completed before the os closes.

One type of case is met which opens up the question: Is removal advisable? So far as I can estimate the matter, the cow calves, hangs the membranes, loses flesh, shews diminution of milk yield, and the appetite varies with the severity of the condition. Beyond this, there may be tremors, a high temperature, straining, stiffness and stinking diarrhœa, according to the severity of the case.

These cases vary from an endometritis in which the cow eats, loses a little ground and recovers, to the fatal and severe cases of metro-peritonitis which occasionally crop up. In this type of case all the maternal cotyledons are very large, and the membranes over them very thin, and so intimately associated that they will tear before they will peel off. I believe these are the cases to which Williams refers as having the origin of infection at a very late stage of pregnancy. They seem very prone to secondary infection.

At the less serious end of the type, I think it quite rational to endeavour to remove some attachments at the cervical end. If the process is slow and laborious it is well to desist. At present I am trying animal charcoal in capsules, introduced into the spaces between the uterus and the afterbirth; after the expiry of two or three days, what was a firmly retained placenta has either been expelled or is easier to detach manually. I prefer these capules for this purpose to the administration of medicines, or to the extensive use of the ordinary type of pessaries, which are the alternative line of treatment. At the more serious end, death often occurs quickly, whatever is done and, as in these the cotyledons are almost impossible to detach, the less mutilation, the less discredit one gets. But for the fatal ending terminating this condition, I believe all the cotyledons would be likely to undergo necrosis, so intense does the inflammation seem to be.

The retention of an afterbirth where a cow has previously retained it, is of interest, especially if necrosis of cotyledons then occurred. The condition varies with the intensity of the previous endometritis, but I have in mind, in particular, the case where a hairless calf is aborted, the retention extends into both horns of the uterus; in one, the membranes leave cotyledons; in the other, a more diffuse type of adventitions placenta is found in irregular patches, some large, some small; removal is generally fairly easy. Retention often occurs after tardy parturition. Here, of course, it is the endometritis which causes the delay.

Treatment in General.

Medicinal Aids to Removal.—There is no specific. The less said about so-called "cleansing drenches" the better. I am, however, not convinced that ext. artemesia vulg. liq. and liq. strych. are useless. After using them for eighteen months, charcoal pessaries are promising. In my opinion, ecbolics are not called for. How can a uterus contract or undergo involution when its interior is undergoing inflammatory changes, which cause enlargements, which can only be overcome by the subsidence of inflammatory processes, and the casting-off of the exudate? When a cow is ill, I adopt saline therapy and treacle.

Mechanical Removal.—So long as sufficient membranes are outside the vagina to withstand movements of the animal drawing them into the genital passages completely, weights of any kind are contra-indicated. Traction on the membranes renders the condition more difficult to handle, by breaking them off inside; only in cases where the membranes are almost ready for spontaneous exit does traction do no harm. The popular practice of rotating two lathes with the membranes imprisoned between cannot be too highly condemned. Manual removal is undertaken on account of the tendency of the os to close, the possibility of secondary infection, for sanitary reasons, and pressure, sometimes unreasonable, from the owner.

Very few cases take harm for three or four days, so I adopt as a general recommendation, an examination on the third day. If the membranes are slender, the closing os difficulty would be accentuated later. The see-saw action of a dirty afterbirth ou the floor of the vagina and cervix each time the cow coughs, lies down or rises, is apt to cause abrasion—an inlet for secondary infection.

About three days after calving, a farmer expects to use the milk, but his conscience does not quite allow him to use milk from a cow if the afterbirth is retained, and we are called in to remove it, especially if the women-folk object to milk the cow on account of the odour.

The dairyman is generally more insistent on removal than the breeder; the former often milks and feeds, and wants all the milk he can get.

When anticipating removal, it would be well to recollect that, in easily removed ones, the endometritis has generally run its course before the os closes. In severe retention, if the membranes are removed the endometritis is not complete when the os closes. The dairyman may not mind; the breeder should. Milk Regulations, so far as retained membranes are concerned, would be difficult to formulate, as the real cause (*viz.*: endometritis) underlying the objection to the milk is not abruptly overcome by their removal, although it terminates more quickly.

On a milk and feed system, we are justified in manual removal if reasonably easily done even at the expense of leaving one or two far-off cotyledons in the cornua unstripped; it is the lesser of two evils to leave them, than a heavy mass of membranes in the vagina with

the attendant dangers. The more difficult ones get charcoal pessaries and a later inspection.

Douching and Irrigation.—The abuse of this has thrown it into discredit; certain cases occur where douching is not advisable. It should not be done before removal of the membranes.

About 5 feet of ¾in. hose pipe and a funnel are the only apparatus necessary. The object is not to disinfect the uterus, but to obtain mechanical cleanliness by removing debris, etc. The water used should be slightly above body temperature, and clean, and whatever antiseptic is added should be non-irritant, erring always on the side of minimum concentration. Hypochlorites, or a chosen creolin, or simple saline (℥i. to the gallon) cover my usual range.

Lubrication and careful manipulation are points of special consideration if straining is to be avoided during douching, etc.; it is straining which disperses the introduced fluid, whence it cannot be syphoned away. If straining is avoided, half-a gallon of fluid may be introduced into the cavity of the affected horn (uterine), where it mixes with the debris and the whole may be drawn out by dropping the outer end of the tube containing a column of fluid to the ground. The process is repeated if necessary. Needless to say, the end of the tube in the uterus is controlled throughout by the hand. Only certain cases call for serious douching, but most benefit by syphoning off the readily accessible debris, after running in a little fluid to render it more liquid, gross particles having been removed manually.

Just as it is almost impossible to sterilise an accidental wound without doing material damage, so it is, only more so, in the uterus, except by nature's own agency.

The Use of Pessaries.—A pessary which contains a freely-soluble disinfectant is not indicated; the satisfactory pessaries are those which contain non-irritant, almost insoluble agents which inhibit bacterial growth. Iodoform, salol, bismuth subnitrate are a selection. Iodoform will die hard in spite of its odour and milk tainting properties; salol is quite good and, incidentally, much cheaper. Bismuth subnit.—from the excellent results we get with B.I.P.P.—holds its own.

Pessaries containing such agents are desirable and useful in retention where removal is not advisable, and can be recommended for universal application in almost all cases of this condition that we treat, during the retention and afterwards. I hope some kind member will tell us how best to deodorise ourselves after being associated with these cases.

I thank you all for your forbearance in hearing me so long. I trust you will remedy in the discussion the defects and omissions the paper contains.

Discussion.

Mr. Fletcher, in opening the discussion, said that Mr. Scott's paper opened up a very wide field. Within the last fortnight he had lost two cases following retention of placenta, very much to his annoyance, although he had adopted the treatment he had done in many other cases with complete success. Years ago he had adopted douching almost invariably where the animal was suffering from retention, but he discovered that in many cases they fared almost worse than those he left alone. The straining of the animal, when there was a large quantity of antiseptic fluid in, was so excessive that the amount of fluid forced up against the partly closed os was a great source of irritation. In his opinion they were only increasing the difficulties they were trying to avoid, and they were getting the uterus infected with a material by which it should not be infected. Therefore, after due consideration, he discontinued that treatment, and went on to the use of pessaries, of which he had tried several forms. He agreed with a member of the profession to whom he had spoken on the subject, that the use of pessaries, in the first instance, was not called for. There should be a condition of putrefaction, which would be stayed by the use of pessaries. That was the best condition in which to get rid of the offending membranes. To his mind, the worst cases with which they had to deal, where they had the greatest fear on behalf of themselves and their clients, were those in which they were called in within eight or twelve hours of calving, and found a dark red, stinking material being thrown out, denoting a form of putrefaction.

The removal of placentæ had always been a moot point, and in discussing the matter one heard of a good many professional men who had the heart, or the cheek, or the "Ananias spirit" very highly developed, and who could, according to themselves, remove any existing placenta. It was very annoying to think that one man would guarantee to remove a placenta without any trouble, when ordinary mortals like themselves were often stuck fast with no possible means of getting it away in a normal manner.

Mr. Scott's suggestion of treatment by charcoal pessaries was a novelty to him, and he would adopt it as an experiment. In his opinion, the uterus did not absorb fœtid material to the extent it was generally believed to do. If a case was doing badly, he thought there must be a necrotic condition of some portion of the uterus.

Mr. Pratt said the subject under discussion was a source of trouble to all of them. In his practice he found a great amount of it, and he had not discovered any royal road to treatment. In one case the membranes would be retained, while in another they might come away quite easily with a little manipulation. They got those which seemed to be tucked away down under the brim of the pelvis. where they could not be got at. When there was dead tissue in the uterus, putrefying and charged with bacteria, it was only reasonable to try and get it away, otherwise it would be absorbed into the system and poison it. If the placenta could not be got away completely, the effect was minimised by removing as much as possible. Certainly the uterus did absorb septic products pretty readily, as was shown by the fact that if pessaries containing iodoform were given the drug very soon flavoured the milk. He believed in douching,

and he pumped mild disinfectant into the uterus and went on pumping and washing out until the fluid that came away was as clean as possible. He syphoned off as much fluid as possible in some cases, while in other cases he did not do so, as he thought putting a non-irritating solution into the uterus did no harm, and any putrefactive products were neutralised. After that, he used one or two pessaries of boracic acid and iodoform, and got fairly good results. He asked Mr. Scott what amount of animal charcoal he advised.

Mr. SAMPSON said that in his experience no treatment could be laid down as a hard and fast rule, and every case must be treated on its own merits. Pessaries were undoubtedly a great innovation, and in cases where they were difficult to insert he found a pencil-shaped pessary (specimen shewn) of great advantage. He would like Mr. Scott to describe his technique in opening a closed os, as he sometimes found this very difficult. With regard to the douching of the womb, he had used the method occasionally, but he sometimes thought in doing so they were rather developing into faddists. They took it up probably after having a talk with some of their friends, and continued it until one day they got stuck fast with a tube choked up with membrane, when they would have to take it out and unblock the tube; then one probably gave it up for a time. As an internal antiseptic he recommended sodium hyposulphite.

One matter Mr. Scott had not mentioned was the attention that ought to be paid to the non-pregnant horn, which he felt sure was the cause of the trouble in many cases.

Mr. Scott had struck a new note in regard to charcoal pessaries, and he would try that treatment.

Mr. CAMPBELL was of the same opinion as Mr. Pratt in regard to douching, in which he believed. He filled the uterus as full as he could with disinfectant, and made the cow retain as much as possible. He did not believe in pessaries, one reason being that every one of his clients had got them; they bought them wholesale. He believed they did no good, although he did not know that they did any harm. A great deal depended on the disinfectant used, and he was a great believer in lysol. Mr. Scott had talked about deodorising the hands, which was a good test of a disinfectant, and when the hands were washed after using the old German lysol they were sweet. He had not found another disinfectant give such good results.

Mr. Scott had never mentioned the value of exercise in retention of placentæ, but he knew a cow dealer in an extensive way who, after a cow had calved twenty-four hours, walked her a mile and a half, and at the end of forty-eight hours he sent her three miles. He certainly believed there was something in exercise.

He did not agree that the uterus did not absorb, as he thought it absorbed very rapidly. He was also of the opinion it was possible for a cow never to cleanse at all, for he knew two cases, mother and daughter, where the mother had done it twice and the daughter calved her first cow last spring and she did it. In both cases the cows did well. In such cases he was told they cleansed and ate it, but for many years he had suspected that was not correct.

Mr. GILLESPIE said he agreed there was no royal road to success in treatment in the cases under discussion. Most of the cattle they were called in to see were tied up by the head, while in those counties where there were big lots of cattle many of them calved outside. He asked Mr. Scott, assuming a cow calved up to time, providing she was doing all right, how many days after would he allow retention to go on as it was doing, without giving attention? In his opinion, retention of fœtal membranes was to a large extent due to lack of tone in the womb, through deficiency of vitality in the animal. He was a firm believer in plenty of mineral and vegetable tonics. If they used those, providing they had a sound animal to deal with, nature would do the rest. But how often did they, as practitioners, go to remove a cleansing from an animal, and never sound it? In his opinion, complications of other occult conditions often arose before the retention. His own treatment was to ascertain as far as practicable what sort of foundation the patient had, and if there was a poor foundation and he got the animal through he considered himself lucky. He believed in a laxative or a purgative, in good blood and nerve tonics, and plenty of good food.

As to exercise, he would ask the meeting, with people who bred and did not go in for milk supply, and where the animals nearly all calved in the field, how often they were called upon to remove fœtal membranes. He thought if they treated the animals more on a natural basis, let them have fresh air and good exercise, with mineral or vegetable tonics, they would be satisfied with that treatment. He congratulated Mr. Scott on his paper, and said he had no idea the Colleges were improving to such an extent.

Mr. CRAWFORD remarked that in a case the previous week he had been surprised, when removing a placenta from an everted uterus, to find a row of tubercular lesions along the roof of the uterus, and he wondered whether Mr. Scott had come across a similar condition.

Mr. POLLARD thought retention of membranes was largely due to relaxation of the uterus. He asked whether any of the members had tried the introduction of ice into the womb, and instanced a case where he had used it with successful results.

Mr. WATSON remarked that he had a fair experience with retention of membranes, and he had spoken on the subject to Mr. Scott at a recent meeting of the Society, as the result of which he had used charcoal pessaries with great success. He endeavoured to get his clients to call him in within twenty-four hours of a cow calving, when he inserted eight of the largest charcoal capsules. In nine cases out of ten he had no occasion to visit the cow again, or if he did go he found it had cleansed two days afterwards.

The PRESIDENT observed, with regard to the deodorisation of the hands, the the old-fashioned turpentine and linseed oil—one part of turpentine to two parts of linseed oil, as suggested to him by Mr. G. H.

Locke, of Manchester—was distinctly the best deodorant he had found.

Mr. Scott's Reply.

Replying to the discussion, Mr. Scott said he generally found straining was due to a very sensitive womb. In douching, large quantities of fluid caused straining, as the result of the distention of the womb. He thought douching was beneficial, because a lot of debris was brought away. To allay inflammation in the womb, he thought the ideal would be to incorporate the disinfectant with oil. He had often heard of putrefaction bringing about expulsion of the membranes, but he thought the true cause was an inflammation taking a certain course, and that inflammation had to subside before the membranes could come away. The putrefaction was not in the areas where the expulsion took place, viz., the cotyledonal areas: the putrefactive infection was really a secondary one, and was not actually in association with the cotyledons. He therefore did not think it inadvisable to check the putrefactive process. By not taking any measures to check putrefaction, one would be more likely to have extension of infection, than by douching. He agreed as to those cases occurring early after calving, as Mr. Fletcher described.

The amount of charcoal used was 1½ ounces each capsule, and six or eight should be inserted, according to circumstances.

Mr. Pratt had referred to leaving a few cotyledons near the pelvic brim. He thought that was the lesser of the two evils.

As to the subject of exercise, if there was a big cleansing hanging from a cow, that was virtually exercising traction on it. He had not adopted exercise as a line of treatment. Most of the cows with which he met were inside for the winter, so that he could not say from experience whether exercise assisted, but he thought it was more the mechanical traction that brought the membranes away, where exercise was resorted to.

As to the technique of opening the os, he did not think there was any royal road to it. In many cases it was possible just to get the first knuckle through, and in those cases the os could be dilated in ten minutes or a quarter of an hour, but other cases might take longer, even up to three or four hours.

In reference to the non-pregnant horn, he had touched upon that in his paper in the case where the cotyledons had necrosed at a previous calving. Probably what happened was that the infection which would eventually cause the retained placenta was present in the non-pregnant horn, where it started.

He had used sodium hyposulphite more in mares than in cows and found it useful, with formalin. In cows, he generally used sodium salicylate, with satisfactory results.

Mr. Campbell was in favour of leaving the douche in as long as possible. The strength of the disinfectant used was comparatively trifling, and its potency was very soon overcome; there was then the equivalent of a neutral fluid, which was a suitable medium for bacterial growth, and for absorption. That was why he recommended that the disinfectant should be syphoned out. He had used lysol occasionally, but there was one thing he did not like about it. It was supposed to be very alkaline, and it did not penetrate. The German lysol had a more penetrating effect than the present day lysol.

With regard to cows never cleansing, he should be inclined to think once a cow had done it there would be a condition in the uterus which would interfere with her fertility, and he could not understand the same thing occurring twice with the same cow. But for that, he would consider it quite possible.

In reply to Mr. Gillespie, as a general recommendation he thought the third day after calving was the best time to give attention. If he were sent for the day after calving and found, on examination, that the placenta was easily removable, he would remove it, but he thought the third day after calving did not lay one open to an accusation of rashness, nor was it leaving the cow long enough for dangerous conditions to develop in an average case.

He also thought, as cows were used for an unnatural purpose (in giving large quantities of milk) there was a certain tendency to atony, but he believed the atony of the womb was due to infection inside it, which was the actual cause of retained placenta. There was a lot in what had been said about starting with a sound cow, and he instanced cases where he had been called in to cows with retained afterbirth, when the animals had died and it had been found, on *post-mortem* examination, that the source of the trouble had been generalized tuberculosis.

As to tonics, he did not think people were inclined to go in for treatment if the cow were well, but he thought tonics were certainly desirable. He believed in the principle of feeding the cow well, as a good way of improving the tone and getting away the membranes.

He had not tried ice, but the case instanced by Mr. Pollard was very interesting. He was glad to have Mr. Watson's experience with charcoal, as confirming the results he himself had obtained. He wished to thank them for the way in which the paper had been received and discussed.

Foot-and-Mouth Disease Research.

Sir Daniel Hall, Chief Scientific Adviser to the Ministry of Agriculture, sailed from Liverpool on Saturday in the White Star liner Doric for the United States, where he will discuss with State officials matters connected with agriculture. He said that both the British and American Agricultural Departments had been making exhaustive researches into problems relative to foot-and-mouth disease, and he felt that exchange of views on this vital question would be beneficial to both Governments.

The Veterinary Record.
10th January, 1925.

IMMUNISATION AGAINST BOVINE TUBERCULOSIS.

Once more the attention of both scientists and the general public is being directed towards the problem of the prevention and possibly the partial cure of tuberculosis by means of vaccination, and if one reads many of the articles published one cannot help being struck with the note of optimism which prevails. Such optimism, if it is grounded on established facts, is always welcome in scientific journals as being due to the certain knowledge obtained from properly conducted research, also tending to show that the desired results may ultimately be obtained by the clinician. In the lay press, however, it is a different matter. Seldom a week passes but we read of some wonderful cure or preventive of disease having been discovered which is going to revolutionise our present-day methods and free our country from some dread disease. Wise men, and certainly most scientific men, know what value to attach to these contributions. They see in them the desire, not to disseminate news of vital public importance or of scientific attainment, but to place before the public the names of men who wish for publicity for themselves. "All is not gold that glisters." An attitude of caution is advisable. When scientific truth is found it will be known to all without the necessity of announcement in the daily press. Mercifully we do not suffer from this sort of thing so much in this country as people do in America.

These remarks are not to be taken, however, as denying that some most useful work on the tuberculosis prevention is not being carried out. It has been amply demonstrated by several reliable workers, such as Dr. Calder, of Midlothian, that it is possible in a comparatively short space of time to obtain tubercle-free herds without the use of any vaccine at all. With the introduction of the Tuberculosis Order and a vigorous application of it, the number of tuberculous cattle should steadily diminish. If the livestock owner can be educated in knowledge of the best and proved methods of obtaining tubercle-free herds, and imbued with the desire to rid the country of the disease, a generation should see bovine tuberculosis practically non-existent. Vaccination against the disease may be of assistance in the process if any method can be found which is not only efficacious but commercially practicable. One of the methods which seems most promising, and which is being tested by men of repute in a scientific manner is that of Calmette and Guérin, who use a strain of the bacillus which has become innocuous after thirteen years of culture in the presence of ox gall. An injection of a large quantity into calves causes a local swelling from which the disease does not spread, but which remains as a species of localised tuberculosis lasting for about two years, during which time the infected animal is not only immune from ordinary or artificial infection, but is also, after the first week or so, a non-reactor to the tuberculin test. In the experiments which have been carried out by Guérin, controls have been constantly used, and afford proof that the experimental animals have been subjected to infection, as well as that protection had been given to the injected calves. Some experiments conducted in England with an English vaccine do not seem to us to be so convincing, although they have received prominent notice in the *Daily Mail*. To quote from that newspaper:—"The treatment is simple. Immediately after birth the calf is separated from its mother to avoid infection. When a week old it is vaccinated, and then vaccinated against tuberculosis again when two weeks old."

It certainly sounds simple enough, and we wonder what those who are actually endeavouring to get T.B. free herds will think of it. If the calves are to be segregated or isolated *to avoid infection*, that seems of at least as much, if not more, use than vaccination. We have looked for confirmation of the value of the vaccine at a published record, referred to by the above newspaper, of the vaccination of 27 calves by a veterinary surgeon in an attempt to get a T.B. free herd. In this case "no animal was allowed to enter the herd before satisfactorily passing the tubercular (sic) test." None of these calves, apparently, contracted the disease; at least they did not react when tested with tuberculin. There is no mention of controls; there is no mention of any having been definitely subjected to infection. What evidence there is, is entirely negative. If some vaccine were discovered to prevent measles in children, and on the outbreak of an epidemic a child were *immediately removed* from sources of infection and vaccinated, and thereafter did *not* contract measles, we should reasonably be sceptical of the value of the vaccine. We should prefer to see the child vaccinated and then introduced to other children in an infected house. If the disease failed to develop, we might then draw favourable conclusions. It is a pity that these incomplete experiments have found publicity in the lay press. It raises a false optimism and rather exposes our profession to ridicule.

In business, where the average individual sells his services to only a half dozen employers in a lifetime, it is calculated that success depends 70 per cent. upon one's ability to sell his services, and only 30 per cent. upon what he knows or can do.

CLINICAL AND CASE REPORTS.

Suspected Irritant Poisoning.

By H. Llewelyn-Jones, M.R.C.V.S., Denbigh.

On the 13th of June, 1924, a client came to my surgery with the following report :—

He had a lot of nine calves—eight of which were about nine months old (males and females), and one, a weedy, under-grown four-month calf. They were all together in a small field—about one acre—with no other cattle, and had been out night and day for over a fortnight, but continued to receive a morning and evening ration, consisting of scalded barley and oatmeal, with skimmed milk added. On the evening of the 8th of June, they were in their usual good health, and the eight older ones were really in a fat condition, but the younger one was and always had been poor.

On the morning of the 9th the eight older ones were purging violently, but not so the little one. The night had been a most boisterous one—a terrific wind and heavy rain. They were all taken in and placed in a loose box and given long hay, but their appetite was poor and the purging increased in violence and was of a dirty light brown colour and rather offensive.

On the 12th one of the older ones died, and, as I have already stated, the owner came to seek help on the 13th.

I visited the farm that day and found the seven older animals together in a loose box. They had a tucked-up appearance with wet dirty quarters and tails and presented a miserable aspect. All were purging violently, most of the temperatures were about 103°F. The small calf was still unaffected and remained so.

I then proceeded to make a *post-mortem* on the dead animal, and the only striking symptoms were acute gastritis and enteritis. The abomasum was afterwards sutured, with a portion of the contents left in as they were, and several feet of the small intestine tied at both ends and removed; a large piece of the liver and the kidneys were taken, packed, and despatched to Mr. H. Lowe, Public Analyst, Chester, with the history.

To begin with, I suspected arsenical poisoning, though none of the animals showed nervous incoordination of movement, which is common in such cases.

No other animals on the farm were affected, neither were any members of the family, who partook of the same water supply. They had not been dipping any sheep, neither was there any dip on the premises.

The treatment applied to the sick animals was warm clothing, the giving to each of a pint of liquid paraffin, followed by a mixture consisting of chlorodyne, creta prep. and catechu.

In some cases the diarrhœa was checked temporarily —some days they were better, but the next day they would be as bad as ever. At this juncture one more died. Their diet was old long hay, undecorticated cotton cake, and chilled water, with an abundance of wheaten flour mixed in it. As matters did not improve on the fourth day I added "dimol" to their medicine in ounce doses, three times a day. In two or three days' time the diarrhœa had ceased in three of them and they were removed to another box and received "dimol" only twice daily. The others continued to receive the same treatment, and in a few days they also ceased purging, their appetite improved and, with careful nursing, they gradually regained strength and recovered. After I had sent the entrails to Mr. Lowe, I was in almost daily telephonic communication with him, asking for news, but each test and each day brought a negative result.

I also got into communication with Mr. R. F. Montgomerie, B.Sc., M.R.C.V.S., of Bangor University College, and asked him if he could arrange to come over with Mr. Roberts, the botanist—a member of the staff of the Agricultural Department.

These two gentlemen very kindly came about the fifth day after the outbreak. A very careful search of the paddock and hedges was made by Mr. Roberts, but his opinion was that there was nothing there to account for the symptoms. Foxglove was abundant, but there were no signs of the animals having eaten any great quantity and, moreover, the symptoms did not coincide with those of digitalis poisoning.

There was a "spring"—the source of water supply to all animals at the farm house—in the corner of the paddock, from which samples were taken and later on analysed for mineral posions, but, as expected, with negative results.

Mr. Montgomerie and myself conducted a *post-mortem* examination on the calf which happened to have died that morning, and the symptoms were exactly similar to those I found in the first animal.

Some stems of various grasses and plants were taken from the rumen by Mr. Roberts and later on examined, and his opinion was that they were non-poisonous and harmless.

After a prolonged and careful analysis, Mr. Lowe eventually sent his report as follows :—"The viscera have been analysed for irritant poisons, the only poisonous substance of this class found being traces of phenols. The amount present was too small for estimation. Whether the calf had received sufficient phenol to cause death is doubtful. Minute traces of phenols are occasionally found, formed by decomposition of viscera. A microscopical examination of the stomach contents was made for poisonous plants; no trace of foxglove leaves or other poisonous plants was detected. The viscera were not examined for alkaloids."

The cause of the trouble has been a mystery to me, and how was it that the smaller calf was not affected? I am now sorry that a microscopical examination for some bacterial infection was not made.

Perhaps some of your readers can enlighten me or offer some explanation.

Rupture of the Rectum.

By JOHN BROWN, F.R.C.V.S., Invergordon.

I was much interested in the article by my friend, Mr. L. W. Wynn Lloyd. He says—" it was evidently a case of mis-service—the penis entering the rectum." What proof has he that this happened ? That could only be proved by reliable observation or the finding of spermatozoa in the rectum. I have only had three cases of rupture of the rectum at service, but in each case the service was quite natural—per vagina. All three mares died. I think it is extremely difficult, if not impossible, for the penis to enter the rectum.

In my opinion, what happens is—there is a collection of dry hard fæces in the rectum and at the time of service a vigorous stallion pushing his penis against the upper part of the vaginal wall against the fæces will produce the rupture.

Skin Rash after Vaccination.

The following case was the subject of a request to the Editor of *Veterinary Medicine* for enlightenment:

" Airedale bitch, spayed, two years old, suffering from disease affecting the ventral surface of the abdomen and inside of hind legs. It begins with reddening of the skin and formation of pustules, which leave depigmented blotches on which the hair does not grow well. The disease seems to be spreading over the flanks and costal surface. This female was vaccinated with canine distemper vaccine. The breaking out was not noticed until after vaccination."

TUBERCULOSIS ERADICATION IN THE U.S.A.

The report of the Bureau of Animal Industry on tuberculosis eradication for August is a record of rapid progress. It shows that 43,572 herds of cattle, comprising 461,186 animals, were tested during the month. To date there are 775,758 herds under supervision, 585,522 once tested free herds, and 51,262 accredited herds. The reactors during the month numbered 13,780.

The number of veterinarians devoting their entire time to tuberculosis eradication is 588, comprising 199 Bureau of Animal Industry veterinarians, 217 assistant state veterinarians and 172 county veterinarians.

The number of herds tested by accredited veterinarians for the calendar year of 1924 was 24,141 (estimated for December) and the number of animals 440,581. This is almost exactly three times the number of herds and three times the number of animals tested by accredited veterinarians during 1923, although the total number tested in 1924 was only about two-fifths more than in 1923; this shows, therefore, a remarkable increase in testing by accredited veterinarians.

The total number of cattle tested during 1923 was 4,110,249; the number for 1924 was 5,819,621 (estimated for December). During the year 48 counties were placed in the modified accredited area, i.e., an area having less than one-half of one per cent. of tuberculous cattle.

Veterinary Medicine.

DIVISIONAL REPORTS.

Yorkshire Division.*

MEETING AT LEEDS.

The autumn meeting of this division was held at the Hotel Metropole, Leeds, on Friday, November 7th, 1924, when there were present: Mr. J. Clarkson (Garforth), President; Messrs. A. McCarmick, H. G. Bowes, Geo. E. Bowman, W. A. Campbell, W. Crawford, A. Ellison, T. C. Fletcher, A. H. Gentle, F. B. Greer, J. H. Gillespie, W. Hamilton, F. Halliday, T. C. Hall, J. McKenna, H. Pollard, E. H. Pratt, S. E. Sampson, A. Watson, S. Wharam, G. Whitehead, and F. C. Scott, Hon. Secretary.

The *Minutes* as published, were taken as read.

Apologies.—Dr. Bradley, Messrs. A. W. N. Pillers, G. H. Livesey, G. C. Barber, W. R. McKinna, and G. H. Pollock.

Correspondence.—A letter was read from the National Association as to a resolution passed by the Western Counties Division relating to the remuneration of veterinary surgeons for attendance at dog shows. It was resolved to write to the National Association, suggesting it should communicate with the Kennel Club, and endeavour to get them to so alter their rules as to make it compulsory to have a veterinary surgeon in attendance, and that he should be paid a fee.

A letter was read from the Lancashire Division inviting the Society to join them in a combined meeting at Manchester on Friday, the 28th November, 1924, at 2-30 p.m. The President explained that he had been instructed by the Council to accept the invitation. The action of the Council was confirmed.

Nomination.—Mr. D. Hamilton, of East Parade, Harrogate.

Balance Sheet.—The Treasurer read the balance sheet, which was adopted.

ELECTION OF OFFICERS.

The following officers were elected:—

President: Mr. J. Clarkson.

Vice-Presidents: Messrs. A. Ellison, Harrogate; W. Campbell, Boroughbridge; S. Chambers, Kirkheaton.

Hon. Secretary: Mr. F. C. Scott, Pontefract.

Hon. Treasurer: Mr. A. McCarmick, Leeds.

Auditors: Messrs. S. Wharam and W. Crawford, Leeds.

Members of Council (elected by ballot): Messrs. G. C. Barber, Leeds; H. G. Bowes, Leeds; G. E. Bowman, Leeds; F. C. Greer, Bradford; T. C. Hall, Knaresborough; J. McKinna, Huddersfield; H. Pollard, Wakefield; and G. Whitehead, Batley.

Representatives to Council N.V.M.A.: Messrs. J. Clarkson, J. McKinna, S. Wharam, and F. C. Scott (Secretary).

* Received on 2nd December, 1924.

1925 *Election of Council R.C.V.S.*—It was resolved that Mr. J. McKinna be the official candidate of the Society, and that the Society join with other Societies in the issue of an election circular, if decided upon.

A paper by the Hon. Secretary on "Retention of Fœtal Membranes," which, together with the ensuing discussion, is published elsewhere in this issue, was read.

Mr. McKinna proposed a hearty vote of thanks to Mr. Scott for his paper, to which, and to the discussion which followed, he had listened with great interest and considerable benefit. The subject had been treated in a scientific manner. Mr. Scott had started well as the new Secretary in giving a paper himself, and he hoped his example would be followed by others.

Mr. Bowes seconded. The paper had been most interesting, and those still in practice would benefit by the sound advice given.

The vote of thanks was carried with applause.

Interesting Cases.—Mr. Campbell asked for advice on a peculiar case he had recently had, where he was castrating a yearling thoroughbred colt, and had found it impossible to do so without throwing it. This had been done in a normal way, with plenty of assistants, and afterwards the colt walked to his box, some distance away. Two hours afterwards it was found the colt's back was broken. He was at a loss to understand how it had happened.

Mr. Bowman said that he remembered a similar case some years ago in the case of a racehorse which had been thrown and castrated. It was put in slings, but was destroyed a month afterwards. On *post-mortem* it was discovered that one of the vertebræ had been split longitudinally.

Mr. Sampson produced a specimen of luxation of the odontoid process of the axis from a foal about five months old. The foal was all right at eight in the morning, and at twelve o'clock he was found in the field with two huge swellings on either side of his neck, about the size of a football. It appeared that the foal had strayed out of his own field into another which was higher, and on seeing his mother went the shortest cut over a hedge, cutting his leg and doubling over. He walked into his box and stayed up for twenty-four hours, but paralysis developed, and he died on the eighth day after the accident.

A vote of thanks to the President concluded the meeting.

Tea followed, on the invitation of the Leeds members of the Society.

F. C. Scott,
Hon. Secretary.

During the past six months over 200 sheep near Stockton-on-Tees have died from throat bites inflicted by dogs. Parties of men from surrounding farms set out each night to try to shoot the dogs.

Central Division.

Morbid Specimens.

(*Continued from Page* 14, *Vol.* 5.)

Lieut.-Colonel T. D. Young: I have brought a specimen here to-night to show the extent to which tuberculosis prevails in pigs. Most of that is due to these animals being fed on food which contains the tubercle bacillus. Occasionally we get a whole litter of pigs sent up to us which has to be condemned as unfit for human food. We find that in these cases it is generally due to the fact that the mother is badly affected with tuberculosis. I have brought a piece of the mammary gland of a sow here to-night to show to what an extent a sow can be affected with tuberculosis. There was not a teat in the whole of the sow which was not extensively affected with the disease. I have made it a strong point, where we get diseased pigs coming into Smithfield Market, to get into touch with the owners and to advise them to get the carcases examined by a veterinary surgeon before they send them away.

Mr. J. C. Coleman: May I say how much I appreciate Colonel Young's remarks? With regard to pigs, I might tell you that a few years ago I used to examine 500 or more a week and I have found as many as 70 per cent. affected with tuberculosis. I want to ask Colonel Young to what extent may a pig be affected and yet be passed for human food?

Colonel Young: With regard to the question of the inspection of pigs, the Committee on Tuberculosis recommended that no matter how lightly a pig carcass was affected, the whole of it should be condemned, but the Departmental Committee on Meat Inspection of 1922 recommend that the method (which has been in operation in Smithfield since 1910) of examining, and deciding as to fitness for food of a pig carcass, should be on the same lines as we adopt in regard to beef carcasses.

Captain Kirk: I had the carcass of an eight weeks' old Alsatian sent to me to discover the cause of death. From it I found the best specimen of invaginated bowel (produced) I have ever seen. The peculiarity of it is that the kidney was actually embedded in the invaginated bowel.

Lieut.-Colonel Young: Might I ask Professor Wooldridge if he would say a few words? He is very much in touch with meat inspection, being a lecturer on the subject and an examiner for the Royal Sanitary Institute.

Professor Wooldridge: The comment I wish to make on Colonel Young's specimen is that in my experience it is absolutely unique to get it to this extent. But this cannot be a unique instance, as is proved by his experience in connection with litters. His remark that pigs are undoubtedly affected as a result of the udders of the dams being affected, must not be taken apart from the primary fact that a very great cause of tuberculosis in pigs is the consumption of cow's milk.

Major HOBDAY: I think it is a matter of congratulation in this Society that we get such a numerous and interesting series of specimens at our meetings. That shown by Mr. Roberts is a perfect specimen. I have seen three teeth in a dentigerous cyst. I should like to say that a short time ago I was examining a valuable riding horse and there was a ltttle trickling discharge in the ear, which the dealer said would be put right with a touch of the caustic pencil. There is, of course, no other cure than operation. In connection with Colonel Young's remarks, I desire to draw attention to a comparatively new idea in connection with the tuberculosis of pigs. We know that fowls are susceptible to the disease. In Denmark it is so prevalent that a law has been passed that on certain farms fowls are not to be kept.

A few nights ago I met with an intussusception even larger than that shown by Captain Kirk, but it had not a kidney lying in it. We could get it drawn back to a certain point, but no further, and the idea struck my partner, Major Ring Sutton, that if we gave an enema of water into the bowel it might help matters. We were astonished at the way in which intussusception unravelled itself. It is a surgical hint, the knowledge of which is well worth spreading. (Applause.)

Professor WOOLDRIDGE: May I express my appreciation of the opportunity of seeing this specimen of intussusception. This week only a case was brought to me in which I diagnosed intussusception. I operated at once and found that a matter of 8in. of bowel was intussuscepted, and on withdrawing it I found that the last half inch would not untelescope, and any effort forcibly to withdraw it threatened to rupture the bowel. I accordingly practiced enterectomy, but the case was hopeless. The dog lived for two days and died last night. *Post-mortem* revealed the remarkable fact that the intussusception has resumed itself at the site of operation.

The PRESIDENT: I should like to express my personal thanks to Colonel Young, Mr. Roberts, Captain Kirk and Mr. Jones for bringing forward these interesting specimens, and also to voice the hope that we shall have as many and as interesting specimens at every meeting in the future. (Applause.)

ANY OTHER BUSINESS.

Lieut.-Colonel YOUNG: I wish to move a very hearty vote of thanks to Sir John Moore for the amount of energy and thought he has put into the resolution which he has brought forward to-night. I am glad, as one who had the honour of serving under him, to see that he has as much dogged determination as he had in France, and I hope that assistance will be given him to carry this matter to a successful issue. (Applause.)

Sir JOHN MOORE: It is very kind of Colonel Young to propose this and of you to have received it as you have done, but really it has not given me too much work to do. I consider it a part of my duty—one likes to see progress in one's profession. I hope that this matter of the Research Council will go forward to the Council of the R.C.V.S. and then we will see what can be done. I am perfectly convinced in my own mind that it is the right thing—other people have these Councils and why should not we?

Captain KIRK: In your address, Mr. President, you made the suggestion that students at College should be invited here as visitors. May I go further and suggest that they be made honorary members while they are students?

The PRESIDENT: I think that is a question for the Council to decide—the Secretary will make a note of it.

Captain KIRK: May the students be informed of the President's invitation?

The SECRETARY: Professor Wooldridge has intimated to the students that they would be welcomed at these meetings.

Professor WOOLDRIDGE: A number of Final Year students have availed themselves of this privilege from time to time, and I assure you that it is one which is appreciated very much indeed. May I suggest that the Hon. Secretary be asked to write a letter to the Secretary of the Students' Medical Association, which would then be accepted as an official invitation. This was agreed.

The PRESIDENT: May I conclude the official business of the evening by thanking you very much indeed, and by saying what very great pleasure it gives me to see the very large attendance here to-night. I trust that all the meetings will be as well attended. I have only now to wish you all a Merry Christmas and a Happy New Year. (Applause.)

The meeting terminated with a hearty vote of thanks to the President for his conduct in the chair.

J. F. MACDONALD,
Hon. Secretary.

Western Counties Division.*

MEETING AT TAUNTON.

The autumn meeting of the Western Counties Division was held at the Great Western Hotel, Taunton, on Thursday, November 20th. Mr. W. L. Richardson, M.R.C.V.S., President of the Division, occupied the chair, and there were also present Messrs. R. E. L. Penhale, Torrington; P. W. Bloye, Plymouth; W. B. Nelder, Exeter; W. Arscott, Bideford; E. W. Bovett, Bridgwater; J. Dunstan, Liskeard; W. Brown, Wiveliscombe; H. K. Roberts, Sampford Peverell; J. R. Conchie, Minehead; W. N. Wright, Torquay; E. J. Thorburn, Crewkerne; G. D. Lansley, Axminster; A. G. Saunders, Taunton; R. Barons Nelder, Exeter (Hon. Secretary, *pro. tem.*). *Visitors*: Messrs. G. H. Livesey and R. Daubney, London; Charles E. Perry, Bristol; and E. C. Bovett, Bridgwater.

Letters of apology for inability to attend were announced from Messrs. S. J. Motton, F. T. Hobday, E. R. Edwards, W. P. Stableforth (Hon. Secretary), and G. H. Gibbings.

*Received on December 5th, 1924.

The letter from the Hon. Secretary was read, and it was agreed to send a message of sympathy to Mr. Stableforth, expressing the hope that he would soon make a complete recovery from his illness.

CORRESPONDENCE.—The Acting Secretary read correspondence from the National Association in reference to resolutions passed at the last meeting of the Western Counties Association on the subject of veterinary inspections at dog shows and the advertising of "quack" remedies in the *Record*.

Mr. G. H. LIVESEY, addressing the meeting, said: With regard to dog shows, it would be a convenience if you could give some expression to-day as to what you wish done in the matter of this resolution. You have said that in your opinion the time has arrived when members of the profession should be paid an adequate fee for attendance at dog shows. That has been discussed at several meetings, and the feeling of some members at these meetings has been that this resolution does not go far enough, and that you are only touching the fringe of the matter. If you are paid at dog shows it is only reasonable that you should be paid at agricultural shows. That opens up a very large question. You simply state your opinion with regard to dog shows. What do you wish the National Association to do? Do you wish the Council to issue a recommendation to all its members that when they are asked to act for any dog show they should demand a fee? If so, there comes a consideration at once as to what in your opinion is an adequate fee. There are many small societies, which hold local shows, which cannot afford to pay a fee of perhaps more than 5s., whereas there are many others which could pay five guineas. I think, since you are the association which promulgated this matter, you should say what was in your minds when your circularised the whole profession.

With regard to your second resolution dealing with advertisements appearing in *The Record*, I think you passed that resolution without being thoroughly aware of the difficulties which have to be contended with when publishing a weekly journal. It is almost impossible to say what is a "quack" medicine, and what is not. You will notice that we take no responsibility as to the value of any article advertised. You must realise that many of these remedies and many advertisements sent touch the border line. The *Record* costs about £2,400 a year to produce, and if we have our advertisements seriously curtailed it will cost more, because we shall not have the money received from advertisements as a set-off against the printing bill, and that again will lessen to a considerable degree the amount of money available for the work of the Association. Hardly a day passes without something coming in that is questionable. The Association, in its wisdom, appointed its editor and Editorial Committee, and if you want men to do this work you must rely upon their discretion and judgment; otherwise the conduct of the journal would be unworkable.

Mr. BARONS NELDER: With regard to the dog show resolution, it was intended to be the thin end of the wedge. We talked it over at our last meeting, and we thought if we made it too elaborate it would not receive the support we wanted it to get. We felt, also, that if we included horse and agricultural shows it would not have any possibility of being accepted.

As regards the "quack" remedy resolution, we thought that one or two advertisements which had been appearing in *The Record* were such as ought not to be published in the professional journal. I do not think any veterinary surgeon would use "Lintox." We thought we should express an opinion that such advertisements were better left out.

Mr. J. DUNSTAN: Concerning our dog show resolution, down here in the West of England we get so few dog shows that we feel that if we asked for a fee we should get it. As to agricultural shows, we never get paid for them, as, in my opinion, we should be. I think it is a matter we might leave to Mr. Livesey and the National Council.

Mr. W. ASCOTT: I have not the least doubt that practically every member will support the resolution that a fee should be paid for acting at dog shows. It has been impressed upon my mind that it is a fatal thing to be veterinary surgeon at a dog show, and to lend one's name to something that is absolutely wrong. The professional dog shower has, it seems, no conscience. I have known dogs sent to the Crystal Palace show, and die of distemper upon their return home, the owner knowing quite well what was wrong when he sent them. I do not think the same can be said of agricultural shows. In my district we have little shows which are doing their best for the improvement of horse breeding, and exhibitors know it is hopeless to send animals to these shows if not in good condition. Therefore, I do not think you will get unanimity that fees should be paid in respect of these shows as much as for dog shows. The dog show is on a different plane, and if you are going to do your duty it will take a lot of time, and it is hopeless if dogs are to continue to be received on the same conditions as exist at most shows. An agricultural show is not such a commercial proposition as a dog show, but is run for the good of the district.

Mr. W. N. WRIGHT: I have watched the way in which these dogs are examined. There is really no thorough examination, and I have seen dogs on benches that should never have passed at all. It is a most difficult problem. The way dogs are being passed in at shows is very unsatisfactory—they are simply walked before the examiner, and he hardly touches them. He does not look at their eyes or underneath them, which is most necessary. I know a case in which a dog has been on a bench passing blood. There was one taken from the Kennel Club Show at Alexandra Palace; it was next to a dog of mine, and the neighbouring dog was suffering from distemper. Arrangements ought to be made for the thorough examination of all dogs exhibited at a show. Is there any reason why we should not recommend that a certificate should be sent with

the entry of every dog declaring that it has not been exposed to infection and is in good health? That would help the veterinary surgeon to a certain extent. I think it might be generally recommended.

Public Authority Work. Standardised Fees Advocated.

The Association next proceeded to discuss the important question of varying fees paid in different counties, and for public veterinary inspection work under the Diseases of Animals' Act, and the desirability of standardising such fees on a fair and adequate basis.

Mr. Barons Nelder first explained that, on writing around for information respecting fees paid in the three Western counties, he found there was great variation. He had received a letter on the subject from Mr. Scott, of Bridgwater, in which he said that at an Association meeting in Bristol the previous week the Glamorganshire scale of fees was recommended. After detailing the fees paid in Somereset, Devon, and Cornwall, Mr. Barons Nelder said Cornwall was much the best; Devon came about half-way; and Somerset was the worst.

Mr. Livesey: There is a great difficulty about these fees. We wrote two years ago to the County Councils' Association on the subject, and took it up again with them at the end of 1923, and again in 1924. We were told, in reply, that conditions in the country varied so considerably that it was impossible to make a uniform scale. We were not satisfied with that. I cannot see the grounds for their argument. Take, for example, the value of a blood examination for anthrax. I do not see how that can vary in different districts. The value of the work done is the same in one place as in another. Why should it be 4s. in one place and a guinea in another? I can understand there may be a difference in services rendered in outbreaks of sheep scab. Fees vary considerably, but some County Councils pay what we may call adequate fees. I think the feeling of Divisions that have discussed the matter is that we should tabulate the different scales, select the best, and adhere to that. Probably we shall not be able to attain that object and get the best fees. Possibly we should have to be content with something less. There we have to contend with this difficulty: that those inspectors who are getting the best fees would be unwilling to have them ruled down, although I think that they as loyal members of a profession should be glad to sacrifice a little in order that the others might be scaled up.

Continuing, Mr. Livesey gave details of the fees paid in a number of counties, including Cumberland, Durham, Derby, Glamorgan, Essex, Hampshire, Herefordshire, Huntingdon, and others, showing considerable variation. He added: It is very necessary that something should be done. After all we are all professional men; we have the same qualification and, within limits, the same ability, and it is not just that one man should be paid four times as much as another for the same work. If the Executive of the National Association agree to accept a certain scale of fees, we could put that decision before the County Councils' Association, and they might recommend the County Councils to adopt such fees generally.

Mr. J. Dunstan: When we discussed the matter some years ago we thought it better to approach our County Councils and get the best terms we could. In Cornwall, when we approached our County Council, we got practically everything we asked for, but in Devon we were not so successful. But for one cantankerous individual we should have got what we wanted. Members practising in a county should approach members of the County Council and get their case understood and appreciated.

Mr. Wm. Brown: I agree with Mr. Dunstan up to a point. In Somerset we shall not get better terms until we have a few prominent funerals on the County Council. Members are absolutely reactionary and hopeless in their outlook. Many of them have been on the County Council from the time when the position of the profession was very different from what it is to-day. They have become accustomed to this sort of fees, and nothing is going to shake them out of it. It is a perfect scandal. As a profession, we are held in poor repute throughout the length and breadth of the country. Surely there is a minimum below which no self-respecting profession can allow its members to go in taking fees, especially for public work. It is the place of the National Association to uphold the honour of the profession. So far as Somerset is concerned, I am inspector for three large districts, and I am ready to-morrow to withdraw my services if the Association recommended it. It is a scandal and a shame to be expected, as I was lately, to inspect markets with over 1,000 sheep and get 10s. 6d. for it, and travel four miles and get 1s. for the mileage. The position has become intolerable, and I think something should be done by the "National" to say that, as a profession, we are not going to take these scandalous fees. To go and inspect a case of anthrax for 5s. is not what we should be expected to do. If we "down tools" it is said someone else will step in and take our place; but it ought to be made a matter of unprofessional conduct for any man to undertake work for public authorities at unfair and inadequate fees. That is my view of it, and I am glad Mr. Livesey has come down and given us the National's view. I knew the position was bad, but never thought it was as bad as it is until Mr. Livesey gave us these figures.

Mr. Livesey: It is regrettable that the work of professional men should have to be certified by the police inspector that it has been done and the mileage corrected. It may be a necessary formality under present conditions, but, at the same time, it is an insult. I would like to know what medical officer of health would tolerate having his mileage and his work certified by the local policeman?

Mr. W. Ascott: On that last point, the practice in Devon is that the local police superintendent is the inspector, and there are certain practitioners he may

employ. He employs us, and we have to send our account to him. It is the same in Cornwall.

Mr. CONCHIE: If we send in a bill for a guinea the policeman comes around and pays half a guinea.

Mr. W. B. NELDER suggested that the "National" should draw up a scale of fees satisfactory to the profession and fair to everyone.

Mr. BROWN: I know three or four inspectors in Somerset who would "down tools" to-morrow. How far should we get the backing of the National? It seems to me that in Somerset we are not likely to get anything unless we withdraw our services. I should like to see that done in Somerset. It seems to me that the "National" ought to ask the Registration Committee to have it made a matter of unprofessional conduct for us to accept fees that are totally inadequate for professional work.

Mr. C. E. PERRY: At the Bristol meeting, after a big discussion, they decided to send on to the "National" the highest scale of fees paid in their district (Glamorgan) as being the fees they wished generally adopted. I argued with them that it would be better policy to recommend a more medium scale, but the Glamorgan men would not hear of it. They said: We have fought for these fees and we are not going to go back on them. Personally, I wanted to send on the Gloucester fees, which are very reasonable, but the Glamorgan men would not agree to recommend any lesser fees than they were receiving.

Mr. ASCOTT: We had a tought fight to get what we have in Devon. We tried hard to get the scale allowed by Cornwall, which we considered would be satisfactory to us all. I move that we send to the "National" our approval of the fees paid in Cornwall.

Mr. WRIGHT seconded, and the motion was carried.

A FEW CLINICAL NOTES.

A paper under this heading was read by Mr. H. K. ROBERTS, of Sampford Peverell, who, in the course of his remarks, said:—

This short paper is written on the understanding that it is not a scientific one, but simply comprises a few notes, presented with the object of creating a discussion.

From November to February, 1919-1920, we had a number of puzzling cases in cows.

History.—The cows had calved from 1-3 months. The diet consisted of hay, more or less inferior in quality (a proportion of it being mouldy), and roots (i.e., turnips and swedes) not too plentiful. The weather was changeable: mild, with sharp frost of short duration.

Symptoms.—The animals appeared stiff, and moved with the head and neck outstretched. The eyes looked rather wild. When first being milked the cow generally crouched, as if tender or kicked. The breathing was slightly accelerated. Temperature 103-105 degrees. The pulse was almost imperceptible, and the heart-beats faint and very quick. They were not feeding or ruminating, but the general appearance and that of the coat were good. The motions were dryer than normal, and infrequent. In a few hours the cow generally got down and remained off her legs, lying in a normal position, but refusing to rise. Occasionally the head would go round to the side, and give one the impression that milk fever was present. The animals remained drowsy, and respirations increased, and they died without a struggle about the third day, or began to recover and rise about the third day, to make an uninterrupted recovery in most cases in about a week. Some of the cows began to feed well on the second day, but usually they had a relapse which was fatal, or prolonged the recovery. In no case was diarrhœa present, and all cases responded badly to the aperients or purgatives that were administered.

Treatment.—In the first three cases, I inflated the udder, gave hypodermic injection of strychnine, and moderate doses of linseed oil or lard, epsom or glauber salts, followed by powdered gentian root ℥ii., nux vomica ℥i., carbonate of ammonia ℥iv., and bi-carbonate of soda ℥vi.; mixed together in the form of a drench, and repeated three or four times daily. Liniment or mustard was applied to the lumbar region, and the animals were well clothed.

Results.—These cases died.

Re the remaining cases:—

The udders were not inflated, but the wombs were syringed when possible or antiseptic pessaries inserted. Medicine consisted of dram doses of formalin, and ℥ss. to ℥i. doses of ol. tereb., alternated with the previous drenches. It was noticed that if the animals commenced to feed well within forty-eight hours, relapses occurred, consequently diet was restricted in quantity and consisted usually of a small quantity of steamed hay and bran mashes, followed by crushed oats, and a few fingers of roots.

Result.—Three died, eighteen recovered.

Remarks.—Whether uterine treatment helped the recoveries or not I cannot say, but I did not care to neglect this treatment, because the first recoveries were in those animals which had had the womb injected.

As to the cause of the disease, I am inclined to suspect mouldy hay or inferior hay, with insufficient laxative diet.

I have had no cases like those described since 1920, but anticipate some again this winter.

Post-mortem examination of the two available carcasses revealed small patches of congestion of the small intestine, and echymoses were present in the epicardium.

I could find nothing approaching impaction or stoppage, and nothing microscopic in or around the brain or spinal cord.

(To be continued.)

Army Veterinary Service.

LONDON GAZETTE. WAR OFFICE. TERRITORIAL ARMY.

January 6th.—Major. R. G. Anderson, O.B.E., T.D., F.R.C.V.S., vacates the appointment of D.A.D.V.S. of a Division (Jan. 1st); Major A. Spruell, D.S.O., T.D., is appointed D.A.D.V.S. of a Division (Jan. 1st); Major F. W. C. Drinkwater vacates the appointment of D.A.D.V.S. of a Division (Jan. 1st); Major J. S. Bowden, O.B.E., is appointed D.A.D.V.S. of a Division (Jan. 1st).

R.A.Ch.D.—The Rev. R. J. R. Skipper, Chaplain, 4th Cl. to be Chaplain, 3rd Cl. (Sept. 26th, 1924).

NOTES AND NEWS.

The Editor will be glad to receive items of professional interest in these columns.

Diary of Events.

Jan. 13th—Meeting of the Derbyshire Division at Derby.

Jan. 15th (3 p.m.)—Meeting of the Provisional Committee, Red Lion Hotel, Cambridge.

Jan. 16th—Meeting of the Mid-West and South Wales Division at Bristol.

Jan. 22nd—R.C.V.S. Special Council Meeting (probable date).

The Special General Meeting to confirm the winding up of the present Association was held on December 23rd and immediately adjourned to December 31st, owing to the necessity for waiting for further information from the Board of Trade as to the registration of the new Company. On the 31st the meeting was quite successful, the resolutions which had been circulated to all members being put as Special Resolutions and confirmed unanimously. The old N.V.M.A. is now, therefore, in process of liquidation, but we hope that it will not be long now before it resurrects in its new form, shorn of the objectionable word "Limited."

* * * *

We have felt a good deal of surprise that up to the present date none of our readers have called attention to the statement of Colonel Nathan Raw in his speech at the Central Dinner, that the Tuberculosis Order would cost the country some 35 or 36 million pounds. We should like to know on what authority he makes this startling statement, and in the meanwhile we sincerely hope none of our readers has accepted these figures as even a remotely probable estimate. Many men who are in a position to make a shrewd computation assess the amount at about one-hundredth of the sum named by Colonel Raw, say about £36,000, and even in Government circles and amongst members of Parliament the cost is not put above £60,000 to £75,000. We think Colonel Raw has probably not read the Order carefully, or has been led to believe that all tuberculous cattle are to be slaughtered and full compensation paid for each animal, a preposterous and impossible suggestion.

ROYAL COLLEGE OF VETERINARY SURGEONS.

Obituary.

GILCHRIST, T., M.R.C.V.S., Wishaw, Lanark. Graduated Edinburgh, April 27th, 1881. Died December 12th, 1924.

CRONE, J. R., M.R.C.V.S., 2 Broughton Road, S. Shields. Graduated Edinburgh, May 30th, 1891. Died December 30th, 1924.

PORCH, R., F.R.C.V.S., 101 Woodland Road, Tyndall Park, Clifton, Bristol. Graduated N. Edinburgh, April 20th, 1885. Died December 22nd, 1924.

THE LATE MR. ROBERT PORCH, F.R.C.V.S.

Mr. Porch passed away on Monday, December 22nd, 1924, aged 64 years, after being in failing health for some considerable time, and was laid to rest in the little village of Bishopsworth, near Bristol, where his mother is also buried, a fitting resting place for one who had spent his busy professional life in the great cities of London and Bristol.

Mr. Porch had a great belief in the good work and influence of veterinary associations. He was a past president of the "Central," of which he was once a very active Fellow, being contemporary with such prominent Fellows as the late William Hunting and Arthur Rogerson and many others, of whom he was never tired of talking.

He took an active part in the formation of the Mid-West and South Wales V. A., of which Division he was a first Vice-President, and only ill-health made him decline the post of President.

He leaves a widow and young son and daughter to mourn his loss. J. J. A.

THE LATE EDWARD STANLEY, F.R.C.V.S.

In a letter received from Major Max Henry, conveying the news of the death of Mr. Edward Stanley, F.R.C.V.S., of Baulkham Hills, New South Wales, he says:—

"Mr. Stanley was for many years Chief Veterinary Inspector to the Board of Health in this State, and was practically the official adviser to the Government on all veterinary matters, no matter what Department happened to be dealing with them. He had been living in retirement for more than twenty years."

PERSONAL.

Mr. J. Malcolm Armfield sailed for Tanganyika on January 8th on the "Guildford Castle."

CORRESPONDENCE.

Questions of Taste.

TO THE EDITOR OF THE VETERINARY RECORD.

Sir,—In the current issue of the *Veterinary Record* appears a letter from Mr. Henry Gray, the tone of which is certainly unworthy of his professional ability and reputation, and of such a nature as I was only too sorry to see put forward by him. Surely Mr. Gray has not so poor an opinion of those members of the Veterinary Profession who prefer giving their services at dog and other livestock shows voluntarily (rather than for a small fee given for such slight inconvenience to themselves) as to imagine such service is rendered for personal advertisement, and that such is "The meanest form of advertisement."

Again, does Mr. Gray really consider that payment for these services would take away "this form of advertisement" simply because the word HONORARY was left out of the catalogues, etc. ? I think it would be a sorry day for our reputation did we always study £ s. d. in preference to the desire to be helpful and help forward any object for the advantage of the animal world and the advancement of every branch connected with it ; and I, for one, feel sure those are really Mr. Gray's views.

Finally, Mr. Gray advises the veterinary surgeon to take his cue from agenda cards of medical meetings, etc., and yet would lead us to think he objects to his following the Medical Profession in the matter of voluntary service. Is this, Sir, quite consistent ?—Faithfully yours, E. WHITLEY BAKER.

Glencairn, Wimborne,
December 30th, 1924.

The Editor acknowledges the receipt of the following :—
Communications from Messrs. W. Scott and W. J. Young.

National Veterinary Medical Association of Great Britain and Ireland, Limited.

EDITORIAL OFFICE : 10 Gray's Inn Square, London W.C.1.

Cheques should be made payable and all communications sent to the General Secretary at the Offices of the Association, 10 Gray's Inn Square, London, W.C.1.